10/677,604

PTO/SB/06 (08-03)

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U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | 5 70 | 7(00) |
|---|-----------|----------------------------------|------------------|--------------------|----------|----------------------------|--------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL ENTITY OF | | OTHER THAN SMALL ENTITY | |
| FOR NUMBER PLED | | NUMBER EXTRA | | RAJE FE | . | RATE | FEE |
| BASIC FEE (37 CFR 1.16(e)) | | | | OR | | | |
| TOTAL CLAIMS 07 CFR 1.18(C) | | x | or or | X . | | | |
| INDEPENDENT CLAIMS | | 1 | | H-T- | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.16(07) | | | | | — °° | **+ * | - - |
| | | | | L | OR . | 1+14- | |
| " if the difference in column 1 is less than zero, enter "O" in column 2. | | | | . TOTAL | OR | TOTAL | |
| Q 2 CLAIMS AS AMENDED - PART II | | | | | | | |
| OS Column | n 1) | (Column 2) | (Cotum 3) | SMALL ENTITY | OR OR | | R THAN ENTITY |
| < CLAIL REMAIL | | HIGHEST NUMBER | PRESENT | RATE AD | | RATE | ADD: |
| Z AMEND | R | PREVIOUSLY PAID FOR | EXTRA | TIO | VAL. | . , | TIONAL |
| Total Total | | 200 | - | К | OR | x sl - | |
| ON page tracks 3 | Minus | 75 | | A 8 . | OR | X. | |
| REST PRESENTATION OF MULTIPLE DEPENDENT CLANS (37 CFR 1,1890) | | | | | | | H |
| · · | | | | TOTAL | OR . | TOTAL | |
| 10-00 | | | • | ADD'L FEE | OR OR | ADD'L FEE | |
| 2:22 (Column | | (Column 2) | (Column 3) | | | | |
| REMADI | ING . | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE AD TIO | NAL | RATE | ADDI- TRONAL / FEE |
| Total Car Car I Maga | / Miraus | -20 | * / | x = • / | ·OR | x • | / |
| CO CE COM 1. MCC COM COM COM COM COM COM COM COM COM | Minus | - 5 | 7 | x = • / | OR | ×/ | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAUS (37 CFR 1.16(N)) | | | | •• | OR | +1 /- | |
| | | | | TOTAL ADOL FEE | OR. | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | , | | 7 | |
| CLAN | 4S | HIGHEST NUMBER | PRESENT | RATE AD | | 2.22 | 1,000 |
| AFTE AMENDI | R MENT | PREVIOUSLY PAID FOR | EXTRA | TION FE | NAL | RATE | ADDI- TIONAL FEE |
| Total 9 | Minus | 70 | - | x 8 | OR | x 8 | |
| Total Programme Carone Fallen | Minus | 5 | • | x 6= | OR | × | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT GFR 1.18(6)) | | | | ••• | OR | + 8: | |
| | | | | TOTAL ADD'L FEE | | YOTAL ADD'L FEE | |
| If the entry in column 1 is tess than the entry in column 2, write "O' in column 3. If the "regisest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20". | | | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3". | | | | | | | |

In the Trighest Number Proviously Paid For Tel Trits STRACE is this than 3, enter 17.

The Trighest Number Proviously Paid For Tel Tright or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to proceed) an application. Confidentiality is governed by 86 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patheting, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the including costs. Any comments on the amount of then you require to complete this form suffer suggestions for reducing this burden, should be sent to the Chief Information Cilicar, U.S. Peternl and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THES ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need exsistence in completing the form, cell 1-800-PTO-0199 and select option 2.